

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1 / 83

1. NAME OF COMMITTEE (in full) Chris Dodd For President Inc		2. IDENTIFICATION NUMBER C00431379	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported PO Box 270701			
CITY, STATE, and ZIP CODE West Hartford CT 06127		3. IS THIS REPORT FOR : <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input checked="" type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____

on _____

IS THIS REPORT AN AMENDMENT ☒ YES ☐ NO

5. COVERING PERIOD	FROM	THROUGH
	05/01/2008	05/31/2008

SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	1388251.19
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	86392.85
	8. SUBTOTAL (Lines 6 and 7)	1474644.04
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	172708.62
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	1301935.42
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	139067.25
	13. EXPENDITURES SUBJECT TO LIMITATION	15113091.89
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	10214579.86
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	15113331.89

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer Kathryn Damato	Date 01/31/2011
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Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact:	Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100
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FEC FORM 3P
(01/2001)

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

Chris Dodd For President Inc

Report Covering the Period

From: 05/01/2008

To: 05/31/2008

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	1447568.09
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	39351.00	10058051.86
(b) Political Party Committees	.....	0.00	100.00
(c) Other Political Committees	.....	38500.00	738198.30
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		77851.00	10796350.16
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	4739005.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Loans	.....	0.00	1302811.25
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	0.00	1302811.25
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	3977.46	99938.27
(b) Fundraising	.....	0.00	240.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		3977.46	100178.27
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	4564.39	22775.37
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	86392.85	18408688.14
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	132408.62	15213270.16
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	1302811.25
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	1302811.25
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	30300.00	536612.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	10000.00	45158.30
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	40300.00	581770.30
29. OTHER DISBURSEMENTS	.....	0.00	6000.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	172708.62	17103851.71
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

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1. NAME OF COMMITTEE (in full)

Chris Dodd For President Inc

ADDRESS (number and street)

PO Box 270701

CITY, STATE, and ZIP CODE

West Hartford

CT

06127

2. IDENTIFICATION NUMBER

C00431379

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	31412.23
Arizona	0.00	0.00	New Hampshire	0.00	694906.41
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	41.21	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	533.78
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	2510621.08	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	68.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	3237582.71

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 4 / 83

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Naomi D Aberly

Mailing Address

3616 Crescent Avenue

City

Dallas

State

TX

Zip Code

75205-3926

FEC ID number of contributing
federal political committee.

Name of Employer

N/A

Occupation

N/a

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: AB86C25A9BB5E4058B7F

B.

Full Name (Last, First, Middle Initial)

Mrs. Sandra Y Bainum

Mailing Address

12 Primrose Street

City

Chevy Chase

State

MD

Zip Code

20815-4229

FEC ID number of contributing
federal political committee.

Name of Employer

Self Employed

Occupation

Actor

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A7B3081AC371A4E7296E

C.

Full Name (Last, First, Middle Initial)

Mr. Stewart W Bainum, Jr.

Mailing Address

12 Primrose Street

City

Chevy Chase

State

MD

Zip Code

20815-4229

FEC ID number of contributing
federal political committee.

Name of Employer

Choice Hotels Int'l

Occupation

Chairman

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A1AC58454B3C34280995

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Joshua Berger

Mailing Address

9029 St. Ives Drive

City

Los Angeles

State

CA

Zip Code

90069-1704

FEC ID number of contributing
federal political committee.Name of Employer
Warner BrosOccupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A2BFCEC9ECCE1498A9AF

B.

Full Name (Last, First, Middle Initial)

Mr. Dan Paul Berkowitz

Mailing Address

133 Raymond Street

City

Darien

State

CT

Zip Code

06820-4907

FEC ID number of contributing
federal political committee.Name of Employer
SAC CapitalOccupation
Finance

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A9417DD4618214D378C3

C.

Full Name (Last, First, Middle Initial)

Mr. Albert J Beveridge, III

Mailing Address

2921 44th Place NW

City

Washington

State

DC

Zip Code

20016-3554

FEC ID number of contributing
federal political committee.Name of Employer
Beveridge & DiamondOccupation
Senior Counsel

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: A3D61478B3CE3496C9FA

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Deenie Brosens

Mailing Address

63 East Field Dr

City

Bedford

State

NY

Zip Code

10506-1100

FEC ID number of contributing
federal political committee.

Name of Employer

N/A

Occupation

Student

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	0	8

Amount of Each Receipt this Period

200.00

Transaction ID: AC3B23F04C0C34D61AF3

B.

Full Name (Last, First, Middle Initial)

Frank Brosens

Mailing Address

63 East Field Dr

City

Bedford

State

NY

Zip Code

10506-1100

FEC ID number of contributing
federal political committee.Name of Employer
Taconic Capital Advisors

Occupation

Principal

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	0	8

Amount of Each Receipt this Period

200.00

Transaction ID: A85FC085E23D04771840

C.

Full Name (Last, First, Middle Initial)

Mr. Pierre Brosens

Mailing Address

34 Dundonald Road

City

Belmont

State

MA

Zip Code

02478-1125

FEC ID number of contributing
federal political committee.

Name of Employer

N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	8

Amount of Each Receipt this Period

2100.00

Transaction ID: A086EE37B31E34340889

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Erlinda Callorina

Mailing Address

4116 Recktenwall Avenue

City

North Las Vegas

State

NV

Zip Code

89081-6681

FEC ID number of contributing
federal political committee.Name of Employer
Card Player Cruises

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	8

Amount of Each Receipt this Period

-2300.00

NSF Check returned

Transaction ID: AF0458F574AD44A7C986

B.

Full Name (Last, First, Middle Initial)

Mr. Anthony R Chase

Mailing Address

3311 West Alabama Street

City

Houston

State

TX

Zip Code

77098-1702

FEC ID number of contributing
federal political committee.Name of Employer
ChaseSource

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: AF8AE62CE35254D46B2F

C.

Full Name (Last, First, Middle Initial)

Mr. Simon J Clark

Mailing Address

33 Cale Street

City

London SW33QP

State

Zip Code

FEC ID number of contributing
federal political committee.Name of Employer
Fidelity Ventures

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: AA51A2665C70F4C8C9BE

SUBTOTAL of Receipts This Page (optional)

-1050.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 83

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Bonnie Cohen

Mailing Address

1824 Phelps Place NW

City

Washington

State

DC

Zip Code

20008-1850

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A74BB6EA1DB1E4C3CAB6

B.

Full Name (Last, First, Middle Initial)

Mr. D. Gideon Cohen

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: A0F8C9E8CECE345769E9

C.

Full Name (Last, First, Middle Initial)

Mr. Jack M Cohen

Mailing Address

2 N LaSalle

#800

City

Chicago

State

IL

Zip Code

60602-3785

FEC ID number of contributing
federal political committee.

Name of Employer
Cohen Financial

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Amount of Each Receipt this Period

350.00

Transaction ID: A679F4CD21A054B74BE7

SUBTOTAL of Receipts This Page (optional)

3150.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Roseann Conheeney

Mailing Address

421 Hoyt Farm Road

City

New Canaan

State

CT

Zip Code

06840-5049

FEC ID number of contributing
federal political committee.Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A494536F613FE4B8DAAE

B.

Full Name (Last, First, Middle Initial)

Ms. Margery Cunningham

Mailing Address

1515 31st Street NW

City

Washington

State

DC

Zip Code

20007-3075

FEC ID number of contributing
federal political committee.Name of Employer
Lehman Brothers

Occupation

Investment Banking

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A63CABD8D045C4983A29

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick Donnellan

Mailing Address

32 Hearthstone Drive

City

Riverside

State

CT

Zip Code

06878-1807

FEC ID number of contributing
federal political committee.Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A2FF821EA0E644509864

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mrs. Sara Donnellan

Mailing Address

32 Hearthstone Drive

City

Riverside

State

CT

Zip Code

06878-1807

FEC ID number of contributing
federal political committee.Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A436BAE907D594C67A23

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Leonard Fairfield

Mailing Address

251 Fern Ridge

City

Landenberg

State

PA

Zip Code

19350-9157

FEC ID number of contributing
federal political committee.Name of Employer
Capmark FinancialOccupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A6E88493C2CAA45BE8AF

C.

Full Name (Last, First, Middle Initial)

Dr. David Fredrick

Mailing Address

PO Box 386

City

Gardner

State

MA

Zip Code

01440-0386

FEC ID number of contributing
federal political committee.Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

Amount of Each Receipt this Period

1500.00

Transaction ID: A38B64CF19CD843549FC

SUBTOTAL of Receipts This Page (optional)

6100.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Gage

Mailing Address

3809 Woodbine Street

City

Chevy Chase

State

MD

Zip Code

20815-4958

FEC ID number of contributing
federal political committee.

Name of Employer

Marconi Pacific

Occupation

Chairman

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: AA0B9CF6601B5418BB0C

B.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Giesen

Mailing Address

73 Cadogan Place

City

London, SW1X 9RP

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Managing Director

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A933A42501319417FBC6

C.

Full Name (Last, First, Middle Initial)

Mrs. Mary Goldschmid

Mailing Address

455 Central Park West

City

New York

State

NY

Zip Code

10025-3847

FEC ID number of contributing
federal political committee.

Name of Employer

Retired

Occupation

economist

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: A9F5B638042004D68970

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Laurence Harris

Mailing Address

10009 Chartwell Manor Ct

City

Potomac

State

MD

Zip Code

20854-5441

FEC ID number of contributing
federal political committee.

Name of Employer

Patton Boggs LLP

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: AAE389506459E46EC9B5

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia Hough

Mailing Address

PO Box 386

City

Gardner

State

MA

Zip Code

01440-0386

FEC ID number of contributing
federal political committee.Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	8

Amount of Each Receipt this Period

1500.00

Transaction ID: AD0E93509326D46E29EC

C.

Full Name (Last, First, Middle Initial)

Mr. David A Jones

Mailing Address

104 Ramhorne Road

City

New Canaan

State

CT

Zip Code

06840-3007

FEC ID number of contributing
federal political committee.

Name of Employer

D.A. Jones LLC

Occupation

President

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A0A7E9EE499F54330BEF

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Orin S Kramer

Mailing Address

600 Madison Avenue

18th Floor

City

New York

State

NY

Zip Code

10022-1615

FEC ID number of contributing
federal political committee.Name of Employer
Boston Provident, LP

Occupation

General Partner

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	8

Amount of Each Receipt this Period

800.00

Transaction ID: A5C7A19336FCE4F4E9A4

B.

Full Name (Last, First, Middle Initial)

Ms. Simone McEntire

Mailing Address

225 Marvin Ridge Road

City

New Canaan

State

CT

Zip Code

06840-6910

FEC ID number of contributing
federal political committee.Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: AB412EE629ED64A328B7

C.

Full Name (Last, First, Middle Initial)

Mr. Cappy McGarr

Mailing Address

3116 Live Oak Street

City

Dallas

State

TX

Zip Code

75204-6131

FEC ID number of contributing
federal political committee.Name of Employer
McGarr Capital

Occupation

President

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A8EB27F001CB44BB2B4B

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Sabastiano Paiewonsky Cassinelli

Mailing Address

PO Box 6280

City

St Thomas

State

VI

Zip Code

00804-6280

FEC ID number of contributing
federal political committee.

Name of Employer

Isidor Paiewonsky

Occupation

Business Executive

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A5D3B2837506D49848B0

B.

Full Name (Last, First, Middle Initial)

Mr. William O Perkins, III

Mailing Address

2427 Pelham Drive

City

Houston

State

TX

Zip Code

77019-3419

FEC ID number of contributing
federal political committee.Name of Employer
Small Ventures USA

Occupation

President

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A920FE6D0AE504FE88F8

C.

Full Name (Last, First, Middle Initial)

Mr. John D Raffaelli

Mailing Address

1401 K Street NW

Suite 1000

City

Washington

State

DC

Zip Code

20005-3463

FEC ID number of contributing
federal political committee.Name of Employer
Capitol Counsel LLC

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: ACB55B266044847D9B18

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Raiser

Mailing Address

3318 O Street NW

City

Washington

State

DC

Zip Code

20007-2813

FEC ID number of contributing
federal political committee.

Name of Employer

N/A

Occupation

N/a

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A63236D72D78E460F88C

B.

Full Name (Last, First, Middle Initial)

Ms. Diana Reed

Mailing Address

140 LeMoyne Avenue

City

Washington

State

PA

Zip Code

15301-3636

FEC ID number of contributing
federal political committee.

Name of Employer

PPG Industries, Inc.

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: AB10C46024CFA48BE9AF

C.

Full Name (Last, First, Middle Initial)

Ms. Marjorie Roberts

Mailing Address

PO Box 6347

City

St Thomas

State

VI

Zip Code

00804-6347

FEC ID number of contributing
federal political committee.

Name of Employer

Self- Employed

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A1437A742756B4661A0B

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. John H Scully

Mailing Address

591 Redwood Highway

Suite 3215

City

Mill Valley

State

CA

Zip Code

94941-6006

FEC ID number of contributing
federal political committee.Name of Employer
SPO Partners

Occupation

Investment Banker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A929DF8E54A334698BF9

B.

Full Name (Last, First, Middle Initial)

Ms. Esther Shimberg

Mailing Address

13372 Verdun Drive

City

Palm Beach Gardens

State

FL

Zip Code

33410-1473

FEC ID number of contributing
federal political committee.Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A98F5D1629D3447E0B42

C.

Full Name (Last, First, Middle Initial)

Mr. Robert E Torray

Mailing Address

7501 Wisconsin Avenue

Suite 1100

City

Bethesda

State

MD

Zip Code

20814-6529

FEC ID number of contributing
federal political committee.Name of Employer
Self Employed

Occupation

Investor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A2063BBD230ED41EEA86

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 83

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Duane Tucker

Mailing Address

24555 County Road 102

City

Davis

State

CA

Zip Code

95618-9601

FEC ID number of contributing
federal political committee.Name of Employer
PrudentialOccupation
Investments

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A97C0F8BBF17C4410B11

B.

Full Name (Last, First, Middle Initial)

Ayelet Waldman

Mailing Address

2815 Woolsey Street

City

Berkeley

State

CA

Zip Code

94705-2608

FEC ID number of contributing
federal political committee.Name of Employer
Self EmployedOccupation
Writer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: AB06B24B8232B432DBBE

C.

Full Name (Last, First, Middle Initial)

Mr. Michael J Whouley

Mailing Address

208 Centre Street

City

Danvers

State

MA

Zip Code

01923-1341

FEC ID number of contributing
federal political committee.Name of Employer
Dewey Square GroupOccupation
Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	8

Amount of Each Receipt this Period

2300.00

Transaction ID: A6F601D17743141EAB83

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 83

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

n/a Unitemized Donors

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

101.00

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

101.00

Unitemized Donors

Transaction ID: U5D2FC917E89249BFB16

SUBTOTAL of Receipts This Page (optional)

101.00

TOTAL This Period (last page this line number only)

39351.00

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 83

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

American Fed of Teachers PAC

Mailing Address

555 New Jersey Avenue NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Amount of Each Receipt this Period

3000.00

Transaction ID: A0915F5F81C7949FFADE

B.

Full Name (Last, First, Middle Initial)

Follow the North Star Fund PAC

Mailing Address

316 East Hennepin Avenue

Suite 201

City

Minneapolis

State

MN

Zip Code

55414

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Amount of Each Receipt this Period

2500.00

Transaction ID: A5C5DFD6D170D41248F4

C.

Full Name (Last, First, Middle Initial)

Forward Together PAC

Mailing Address

201 North Union Street

Suite 350

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

Amount of Each Receipt this Period

5000.00

Transaction ID: AAFEFF48406FC4AEFAB4

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 83

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Green Mountain PAC

Mailing Address

PO Box 1142

City

Montpelier

State

VT

Zip Code

05601

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Amount of Each Receipt this Period

5000.00

Transaction ID: A10BEF98313F141F4B08

B.

Full Name (Last, First, Middle Initial)

Hill & Knowlton PAC

Mailing Address

607 14th Street NW

Suite 300

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A314376AF4327459ABF4

C.

Full Name (Last, First, Middle Initial)

International Council of Shopping Centers, PAC

Mailing Address

1399 New York Avenue NW

Suite 720

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Receipt this Period

5000.00

Transaction ID: A0921A9F1F646475D81F

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 83

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Kirkpatrick & Lockhart Preston Gates Ellis LLP PAC

Mailing Address

1601 K Street NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: A1B584F055DEA4641A45

B.

Full Name (Last, First, Middle Initial)

PAC for a Change

Mailing Address

777 S. Figueroa Street

Suite 4050

City

Los Angeles

State

CA

Zip Code

90017

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Amount of Each Receipt this Period

1000.00

Transaction ID: ADE89B0E3F4104D0E883

C.

Full Name (Last, First, Middle Initial)

Prairie PAC

Mailing Address

PO Box 2002

City

Springfield

State

IL

Zip Code

62705

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	8

Amount of Each Receipt this Period

5000.00

Transaction ID: A91CD86478D3347F5A13

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 83

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

The Committee for a Democratic Majority PAC

Mailing Address

301 4th Street

Suite 202

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Amount of Each Receipt this Period

5000.00

Transaction ID: AB9B509D595E14058B90

B.

Full Name (Last, First, Middle Initial)

United Steelworkers PAC

Mailing Address

5 Gateway Center

City

Pittsburgh

State

PA

Zip Code

15222

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Amount of Each Receipt this Period

5000.00

Transaction ID: AFF8391EE6FA745DAA48

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

38500.00

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 83

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Travelers

Mailing Address

CL & Specialty Remittance Center Remittance Box 96359

City

State

Zip Code

Hartford

CT

06183-1008

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4098.24

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 8

Amount of Each Receipt this Period

3302.24

rebate on terminated insu-
rance

Transaction ID: AEE5D9D4D520C4AF696F

B.

Full Name (Last, First, Middle Initial)

Ms. Gabrielle De La Gueronniere

Mailing Address

2222 Q Street NW

Apt. 33

City

State

Zip Code

Washington

DC

20008-2837

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 8

Amount of Each Receipt this Period

500.00

purchase of equipment

Transaction ID: A42F589074EDF4877954

SUBTOTAL of Receipts This Page (optional)

3802.24

TOTAL This Period (last page this line number only)

3802.24

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 83

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Morgan Stanley Smith Barney

Mailing Address

City Place 1

185 Asylum Street

City

State

Zip Code

Hartford

CT

06103

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

22169.77

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

4564.39

Interest

Transaction ID: A7E959948723044C68A7

SUBTOTAL of Receipts This Page (optional)

4564.39

TOTAL This Period (last page this line number only)

4564.39

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 83

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Advantage Payroll Services	Transaction ID: BAD66AF7BCEB34F548F7 Date of Disbursement																				
Mailing Address 126 Marrow Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	8												
City Auburn State ME Zip Code 04210 Purpose of Disbursement Processing Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>2</td><td>7</td><td>.</td><td>7</td><td>1</td> </tr> </table>	1	2	7	.	7	1														
1	2	7	.	7	1																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Advantage Payroll Services	Transaction ID: B08866BC53921437EA18 Date of Disbursement																				
Mailing Address 126 Marrow Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	8												
City Auburn State ME Zip Code 04210 Purpose of Disbursement Processing Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>5</td><td>.</td><td>6</td><td>0</td> </tr> </table>	9	5	.	6	0															
9	5	.	6	0																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: B46B5B499D06D4EE4978 Date of Disbursement																				
Mailing Address PO Box 981535	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	8												
City El Paso State TX Zip Code 79998-1535 Purpose of Disbursement Processing Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>0</td><td>8</td><td>.</td><td>8</td><td>9</td> </tr> </table>	7	0	8	.	8	9														
7	0	8	.	8	9																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

932.20

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 83

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: B8032F8C7C8F84AB1A4F Date of Disbursement																				
Mailing Address PO Box 981535	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	9		2	0	0	8												
City El Paso State TX Zip Code 79998-1535	Amount of Each Disbursement this Period																				
Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>6</td><td>2</td><td>1</td><td>.</td><td>3</td><td>4</td> </tr> </table>	6	2	1	.	3	4														
6	2	1	.	3	4																
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: B0BC9875C47C44E56A5C Date of Disbursement																				
Mailing Address PO Box 981535	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	8												
City El Paso State TX Zip Code 79998-1535	Amount of Each Disbursement this Period																				
Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>1</td><td>5</td><td>.</td><td>9</td><td>7</td><td></td> </tr> </table>	1	5	.	9	7															
1	5	.	9	7																	
C. Full Name (Last, First, Middle Initial) Anthem Blue Cross Blue Shield	Transaction ID: B68DE63BB34AA4BD4985 Date of Disbursement																				
Mailing Address 370 Bassett Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	0	8												
City North Haven State CT Zip Code 06473-4201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>9</td><td>9</td><td>6</td><td>.</td><td>0</td><td>7</td> </tr> </table>	9	9	6	.	0	7														
9	9	6	.	0	7																

SUBTOTAL of Disbursements This Page (optional)

10603.38

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 83

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Aristotle Publishing	Transaction ID: BCD2C1A701CD4AC89A2 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	8												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Subscription Fee Candidate Name	<table border="1"> <tr> <td colspan="10">9000.00</td> </tr> </table>	9000.00																			
9000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type																				
B. Full Name (Last, First, Middle Initial) Authorize.net	Transaction ID: B4C296ACA8B194DC2A82 Date of Disbursement																				
Mailing Address 915 South 500 East, Ste. 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	0	8												
City American Fork State UT Zip Code 84003-3373	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fee Candidate Name	<table border="1"> <tr> <td colspan="10">32.60</td> </tr> </table>	32.60																			
32.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type																				
C. Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B276A378764A34C399E9 Date of Disbursement																				
Mailing Address P.O. Box 830175 Acct Analysis	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	0	8
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City Dallas State TX Zip Code 75283-0175	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">338.08</td> </tr> </table>	338.08																			
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SUBTOTAL of Disbursements This Page (optional)

9370.68

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) CT Dept Taxation <hr/> Mailing Address 25 Sigourney St. <hr/> <table> <tr> <td>City Hartford</td> <td>State CT</td> <td>Zip Code 06106</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Taxes</td> <td rowspan="2"><input type="text"/> Category/ Type</td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District:	City Hartford	State CT	Zip Code 06106	Purpose of Disbursement Taxes	<input type="text"/> Category/ Type	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCCBBD54FD3764A81BFF Date of Disbursement <table> <tr> <td><input type="text"/> M</td> <td><input type="text"/> M</td> <td>/</td> <td><input type="text"/> D</td> <td><input type="text"/> D</td> <td>/</td> <td><input type="text"/> Y</td> <td><input type="text"/> Y</td> <td><input type="text"/> Y</td> <td><input type="text"/> Y</td> </tr> <tr> <td>0</td> <td>5</td> <td></td> <td>0</td> <td>1</td> <td></td> <td>2</td> <td>0</td> <td>0</td> <td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <input type="text"/> 260.05	<input type="text"/> M	<input type="text"/> M	/	<input type="text"/> D	<input type="text"/> D	/	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	0	5		0	1		2	0	0	8
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B. Full Name (Last, First, Middle Initial) CT Dept Taxation <hr/> Mailing Address 25 Sigourney St. <hr/> <table> <tr> <td>City Hartford</td> <td>State CT</td> <td>Zip Code 06106</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Taxes</td> <td rowspan="2"><input type="text"/> Category/ Type</td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District:	City Hartford	State CT	Zip Code 06106	Purpose of Disbursement Taxes	<input type="text"/> Category/ Type	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B950A5BF29B3F4F6898D Date of Disbursement <table> <tr> <td><input type="text"/> M</td> <td><input type="text"/> M</td> <td>/</td> <td><input type="text"/> D</td> <td><input type="text"/> D</td> <td>/</td> <td><input type="text"/> Y</td> <td><input type="text"/> Y</td> <td><input type="text"/> Y</td> <td><input type="text"/> Y</td> </tr> <tr> <td>0</td> <td>5</td> <td></td> <td>1</td> <td>5</td> <td></td> <td>2</td> <td>0</td> <td>0</td> <td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <input type="text"/> 260.05	<input type="text"/> M	<input type="text"/> M	/	<input type="text"/> D	<input type="text"/> D	/	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	0	5		1	5		2	0	0	8
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C. Full Name (Last, First, Middle Initial) DC Dept Taxation <hr/> Mailing Address P.O. Box 470 <hr/> <table> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20044</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Taxes</td> <td rowspan="2"><input type="text"/> Category/ Type</td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District:	City Washington	State DC	Zip Code 20044	Purpose of Disbursement Taxes	<input type="text"/> Category/ Type	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1685323A19F541A7933 Date of Disbursement <table> <tr> <td><input type="text"/> M</td> <td><input type="text"/> M</td> <td>/</td> <td><input type="text"/> D</td> <td><input type="text"/> D</td> <td>/</td> <td><input type="text"/> Y</td> <td><input type="text"/> Y</td> <td><input type="text"/> Y</td> <td><input type="text"/> Y</td> </tr> <tr> <td>0</td> <td>5</td> <td></td> <td>0</td> <td>1</td> <td></td> <td>2</td> <td>0</td> <td>0</td> <td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <input type="text"/> 153.93	<input type="text"/> M	<input type="text"/> M	/	<input type="text"/> D	<input type="text"/> D	/	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	0	5		0	1		2	0	0	8
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SUBTOTAL of Disbursements This Page (optional) ►

674.03

TOTAL This Period (last page this line number only) ►

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) DC Dept Taxation <hr/> Mailing Address P.O. Box 470 <hr/> <table> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20044</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Taxes</td> <td rowspan="2"><input type="text"/> Category/ Type</td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District:	City Washington	State DC	Zip Code 20044	Purpose of Disbursement Taxes	<input type="text"/> Category/ Type	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEFCB5E21417C41B2843 Date of Disbursement <table> <tr> <td><input type="text"/> M</td><td><input type="text"/> M</td><td>/</td><td><input type="text"/> D</td><td><input type="text"/> D</td><td>/</td><td><input type="text"/> Y</td><td><input type="text"/> Y</td><td><input type="text"/> Y</td><td><input type="text"/> Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <input type="text"/> 153.93	<input type="text"/> M	<input type="text"/> M	/	<input type="text"/> D	<input type="text"/> D	/	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	0	5		1	5		2	0	0	8
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B. Full Name (Last, First, Middle Initial) Discover <hr/> Mailing Address P.O. Box 3016 <hr/> <table> <tr> <td>City New Albany</td> <td>State OH</td> <td>Zip Code 43054</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Processing Fee</td> <td rowspan="2"><input type="text"/> Category/ Type</td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District:	City New Albany	State OH	Zip Code 43054	Purpose of Disbursement Processing Fee	<input type="text"/> Category/ Type	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B68D9E70E9A5E45DAA6D Date of Disbursement <table> <tr> <td><input type="text"/> M</td><td><input type="text"/> M</td><td>/</td><td><input type="text"/> D</td><td><input type="text"/> D</td><td>/</td><td><input type="text"/> Y</td><td><input type="text"/> Y</td><td><input type="text"/> Y</td><td><input type="text"/> Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <input type="text"/> 10.73	<input type="text"/> M	<input type="text"/> M	/	<input type="text"/> D	<input type="text"/> D	/	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	0	5		1	9		2	0	0	8
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C. Full Name (Last, First, Middle Initial) Discover <hr/> Mailing Address P.O. Box 3016 <hr/> <table> <tr> <td>City New Albany</td> <td>State OH</td> <td>Zip Code 43054</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Fee</td> <td rowspan="2"><input type="text"/> Category/ Type</td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District:	City New Albany	State OH	Zip Code 43054	Purpose of Disbursement Fee	<input type="text"/> Category/ Type	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B830C22F3BA3340ABA88 Date of Disbursement <table> <tr> <td><input type="text"/> M</td><td><input type="text"/> M</td><td>/</td><td><input type="text"/> D</td><td><input type="text"/> D</td><td>/</td><td><input type="text"/> Y</td><td><input type="text"/> Y</td><td><input type="text"/> Y</td><td><input type="text"/> Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <input type="text"/> 29.70	<input type="text"/> M	<input type="text"/> M	/	<input type="text"/> D	<input type="text"/> D	/	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	0	5		2	5		2	0	0	8
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SUBTOTAL of Disbursements This Page (optional) ►

194.36

TOTAL This Period (last page this line number only) ►

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) IRS Mailing Address P.O. Box 8530	Transaction ID: BFE094DCAD0364E1E956 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19162 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2238.96</div>
B. Full Name (Last, First, Middle Initial) IRS Mailing Address P.O. Box 8530 City Philadelphia State PA Zip Code 19162 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B87ABC18B02D849AA9F2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2238.96</div>
C. Full Name (Last, First, Middle Initial) Morgan Stanley Mailing Address One City Place ATT: Ryan Kennedy City Hartford State CT Zip Code 06103-3432 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD60D52D2593E42BDB90 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>67.00</div>

SUBTOTAL of Disbursements This Page (optional)

4544.92

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 83

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) O'Neill Realty Advisors	Transaction ID: B183D982C626941EC8E5 Date of Disbursement																				
Mailing Address 2338 King Place NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	0	8
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City Washington State DC Zip Code 20007-1029	Amount of Each Disbursement this Period																				
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Candidate Name	Category/ Type																				
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Mailing Address P.O. Box 88042	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	8
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City Chicago State IL Zip Code 60680-1042	Amount of Each Disbursement this Period																				
Purpose of Disbursement Checks	<table border="1"> <tr> <td>1</td><td>3</td><td>5</td><td>7</td> </tr> </table>	1	3	5	7																
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) UPS	Transaction ID: B2FF99183B7DF48A09C7 Date of Disbursement																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	0	8												
City Philadelphia State PA Zip Code 19170	Amount of Each Disbursement this Period																				
Purpose of Disbursement Courier Charges	<table border="1"> <tr> <td>3</td><td>5</td><td>7</td><td>8</td> </tr> </table>	3	5	7	8																
3	5	7	8																		
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10171.35

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) UPS Mailing Address PO Box 7247-0244 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC8DE84A973AB4FAA973 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>15.97</td> </tr> </table> [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	0	8	15.97
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	5		2	0	0	8													
15.97																						
B. Full Name (Last, First, Middle Initial) Verizon Corporate Real Estate Mailing Address Mail Code FLG1-300 8800 Adamo Drive City Tampa State FL Zip Code 33619 Purpose of Disbursement Rent and final payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B02FAFB809E494DA3B82 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>73750.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0	8	73750.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	8		2	0	0	8													
73750.00																						
C. Full Name (Last, First, Middle Initial) Kathryn Damato Mailing Address 10 Blackhawk Lane City West Hartford State CT Zip Code 06117-2903 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF01AF83413C748DABFF Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1710.01</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	8	1710.01
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	1		2	0	0	8													
1710.01																						

SUBTOTAL of Disbursements This Page (optional)

75460.01

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 83

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Kathryn Damato	Transaction ID: B449960199993470F860 Date of Disbursement																				
Mailing Address 10 Blackhawk Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	0	8												
City West Hartford State CT Zip Code 06117-2903	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement for travel expenses	<table border="1"> <tr> <td>539.10</td> </tr> </table>	539.10																			
539.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kathryn Damato	Transaction ID: BD175BA658FE04441A14 Date of Disbursement																				
Mailing Address 10 Blackhawk Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	8												
City West Hartford State CT Zip Code 06117-2903	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td>1710.01</td> </tr> </table>	1710.01																			
1710.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kathryn Damato	Transaction ID: BA0F3147022064E76A6F Date of Disbursement																				
Mailing Address 10 Blackhawk Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	3		2	0	0	8												
City West Hartford State CT Zip Code 06117-2903	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement for travel expenses	<table border="1"> <tr> <td>768.52</td> </tr> </table>	768.52																			
768.52																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3017.63

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Emily Fetting	Transaction ID: B35CA0CCD21C1472DB25 Date of Disbursement																				
Mailing Address 513 Independence Avenue SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	8												
City Washington State DC Zip Code 20003-1144	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1169.87</td> </tr> </table>	1169.87																			
1169.87																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Emily Fetting	Transaction ID: B6B9DBDE980954DA696A Date of Disbursement																				
Mailing Address 513 Independence Avenue SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	0	8												
City Washington State DC Zip Code 20003-1144	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement for office supplies Candidate Name	<table border="1"> <tr> <td colspan="10">59.09</td> </tr> </table>	59.09																			
59.09																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Emily Fetting	Transaction ID: B19814C3195B84B8E9C9 Date of Disbursement																				
Mailing Address 513 Independence Avenue SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	8												
City Washington State DC Zip Code 20003-1144	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement for office supplies Candidate Name	<table border="1"> <tr> <td colspan="10">27.57</td> </tr> </table>	27.57																			
27.57																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1256.53

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Emily Fetting	Transaction ID: B901AFB8E2F7946F9945 Date of Disbursement																				
Mailing Address 513 Independence Avenue SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	8												
City Washington State DC Zip Code 20003-1144	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1169.87</td> </tr> </table>	1169.87																			
1169.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mr. Vincent Frillici	Transaction ID: B31537BABBE7140CA876 Date of Disbursement																				
Mailing Address 1100 H St., Ste.940 NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	8												
City Washington State DC Zip Code 20005-5498	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1239.13</td> </tr> </table>	1239.13																			
1239.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mr. Vincent Frillici	Transaction ID: B60F0744C10304D44827 Date of Disbursement																				
Mailing Address 1100 H St., Ste.940 NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	8												
City Washington State DC Zip Code 20005-5498	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement for travel expenses	<table border="1"> <tr> <td colspan="10">214.92</td> </tr> </table>	214.92																			
214.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2623.92

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Vincent Frillici	Transaction ID: BAEC451B20DA4448DA3D Date of Disbursement																				
Mailing Address 1100 H St., Ste.940 NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	8												
City Washington State DC Zip Code 20005-5498	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1239.13</td> </tr> </table>	1239.13																			
1239.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mr. Vincent E. Fusco	Transaction ID: B920C15F87344456FAA6 Date of Disbursement																				
Mailing Address 3521 39th St. NW Suite E-497	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	8												
City Washington State DC Zip Code 20016-3069	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Ms. Euginia Gluzberg	Transaction ID: B1AC08E5B71034A3D853 Date of Disbursement																				
Mailing Address 1380 Paradise Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	8												
City Hamden State CT Zip Code 06514-1017	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1160.24</td> </tr> </table>	1160.24																			
1160.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12399.37

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 83

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Euginia Gluzberg

Mailing Address 1380 Paradise Avenue

City
Hamden

State
CT

Zip Code
06514-1017

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B71679A891A544A87AB7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1160.24

SUBTOTAL of Disbursements This Page (optional)

1160.24

TOTAL This Period (last page this line number only)

132408.62

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 83

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mrs. Katherine Louise Angermueller

Mailing Address 3 Camelback

City
Westerly

State
RI

Zip Code
02891-5119

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B51D53E95B2374D2E90C

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Beth R. Atlas

Mailing Address 9 Sasco Commons

City
Westport

State
CT

Zip Code
06880-4181

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BB38BF041D3F24974AE6

Date of Disbursement

05 / 23 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

David Bennett

Mailing Address 982 Main St

City
Fishkill

State
NY

Zip Code
12524-3506

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B97C84806AC7E450695C

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional)

6700.00

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 83

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Alan Best	Transaction ID: BC7359037DA474F5EA98 Date of Disbursement																				
Mailing Address 260 West Broadway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	0	8												
City New York State NY Zip Code 10013-2259	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Purpose of Disbursement Refund Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mrs. Shelley M Best	Transaction ID: B2C9B31AEE3C14164A83 Date of Disbursement																				
Mailing Address 260 West Broadway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	0	8												
City New York State NY Zip Code 10013-2259	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Purpose of Disbursement Refund Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Daniel Carr	Transaction ID: B1B949DB257714FB4B56 Date of Disbursement																				
Mailing Address 935 Hammond Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	0	8												
City Chestnut Hill State MA Zip Code 02467-2703	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Purpose of Disbursement Refund Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6900.00

TOTAL This Period (last page this line number only)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Dr. Justine M. Carr	Transaction ID: B070B013E3FBF4740B57 Date of Disbursement																				
Mailing Address 935 Hammond Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	0	8												
City Chestnut Hill State MA Zip Code 02467-2703	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Nelson W Cunningham	Transaction ID: B408E488A8FC34FBC8A0 Date of Disbursement																				
Mailing Address 1515 31st St, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	0	8												
City Washington State DC Zip Code 20007-3075	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kehat Falik	Transaction ID: B21CF2AE4F6E6495A82D Date of Disbursement																				
Mailing Address 412 Stonington Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	0	8												
City Silver Spring State MD Zip Code 20902-1544	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6700.00

TOTAL This Period (last page this line number only)

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

FEC Schedule B (Form 3P)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Mr. Peter Lowy

Mailing Address 11601 Wilshire Boulevard
12th Floor

City Los Angeles State CA Zip Code 90025-1748

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: BF5EED900309E4257A89

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)
Daniel Roberti

Mailing Address 40 Central Park South
Phc

City New York State NY Zip Code 10019-1633

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B4BD7A50ABB1B40FDAE8

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)
John Wilkinson

Mailing Address 1109 Golfview Ln

City Glenview State IL Zip Code 60025-3176

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: BCEC4BF00636848CB90B

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional)

6900.00

TOTAL This Period (last page this line number only)

32600.00

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 83

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Northwestern Mutual PAC

Mailing Address 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Refund

Candidate Name
Northwestern Mutual PAC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: BFEC6B5CE95AB4C13A8E

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Webster Bank PAC

Mailing Address 145 Bank St

City Waterbury State CT Zip Code 06702

Purpose of Disbursement
Refund

Candidate Name
Webster Bank PAC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B09AB097A2D87497884F

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 44 / 83

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

958.74

Transaction ID: D06FE0A4EF1384B299BD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

958.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

335.50

Transaction ID: D079F7773ED3A429F995

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

335.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

320.68

Transaction ID: DAB48C0D1D9BF48E2819

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

320.68

1) SUBTOTALS This Period This Page (optional).....

1614.92

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 45 / 83

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City	State	ZIP Code
Worcester	MA	01615-0023

Outstanding Balance Beginning This Period

1646.22

Transaction ID: D684E05F5028F4B9FA8C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1646.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City	State	ZIP Code
Worcester	MA	01615-0023

Outstanding Balance Beginning This Period

647.11

Transaction ID: DC05308729895455AAF0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

647.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City	State	ZIP Code
Worcester	MA	01615-0023

Outstanding Balance Beginning This Period

896.07

Transaction ID: D03866EA927C6487BAA8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

896.07

1) **SUBTOTALS** This Period This Page (optional).....

3189.40

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 46 / 83

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

694.96

Transaction ID: D7AA2635D35294D99959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

694.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
REMAX Results Realty

Nature of Debt (Purpose):
Rent and Utilities

Mailing Address 202 1st NW

City State ZIP Code
Mason City IA 50401

Outstanding Balance Beginning This Period

1036.46

Transaction ID: D14F42980C9EF465D8A0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1036.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone
Mailing Address Business Services
PO Box 91154
City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

669.82

Transaction ID: D6224518C358E4E34936

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

669.82

1) **SUBTOTALS** This Period This Page (optional).....

2401.24

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 47 / 83

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

657.85

Transaction ID: D160BB52601F3469FBFA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

657.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

471.50

Transaction ID: DE70EBFB35F4E4F5BBA8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

471.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

58.58

Transaction ID: DC07FD8583E3F4BA58CA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

58.58

1) **SUBTOTALS** This Period This Page (optional).....

1187.93

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

418.15

Transaction ID: DA397374A80A8418D9FD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

418.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

575.42

Transaction ID: DA3182C7E844C4F039CE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

575.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

431.46

Transaction ID: D703363A20B0E44A7A6C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

431.46

1) **SUBTOTALS** This Period This Page (optional).....

1425.03

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
QwestNature of Debt (Purpose):
TelephoneMailing Address Business Services
PO Box 91154City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

106.73

Transaction ID: DE2EA2BD913EF4C59A0F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

106.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
QwestNature of Debt (Purpose):
TelephoneMailing Address Business Services
PO Box 91154City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

622.51

Transaction ID: DA75CCBF704CB4716B86

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

622.51

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Public Service of New HampshireNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 360

City State ZIP Code
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

376.44

Transaction ID: DD1D454DB157C4318B67

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

376.44

1) **SUBTOTALS** This Period This Page (optional).....

1105.68

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Public Service of New HampshireNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 360

City State ZIP Code
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

246.08

Transaction ID: DE82D6F912C4D47CB9A5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

246.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Public Service of New HampshireNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 360

City State ZIP Code
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

993.78

Transaction ID: D5B30D2CCB1A941208DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

993.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Public Service of New HampshireNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 360

City State ZIP Code
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

131.82

Transaction ID: D5B0C3B4DA75E4096B6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

131.82

1) **SUBTOTALS** This Period This Page (optional).....

1371.68

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Air Charter Team, Inc.

Nature of Debt (Purpose):
Transportation

Mailing Address 10015 N.W. Ambassador Drive
Suite 202

City State ZIP Code
Kansas City MO 64153

Outstanding Balance Beginning This Period

1304.61

Transaction ID: DCAA2DBC5CEA94CD089C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1304.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Printer Works

Nature of Debt (Purpose):
Printer

Mailing Address 3481 Arden Road

City State ZIP Code
Hayward CA 94545

Outstanding Balance Beginning This Period

819.44

Transaction ID: DFC2998A4374B4E86BCA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

819.44

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Hinckley Springs

Nature of Debt (Purpose):
Water Cooler Services

Mailing Address P.O. Box 660579

City State ZIP Code
Dallas TX 75266-0579

Outstanding Balance Beginning This Period

306.68

Transaction ID: DE674F26EC06645DDB95

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

306.68

1) **SUBTOTALS** This Period This Page (optional).....

2430.73

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Deaf Services UnlimitedNature of Debt (Purpose):
Interpreting Service

Mailing Address Suite 170

City State ZIP Code
Des Moines IA 50309

Outstanding Balance Beginning This Period

130.00

Transaction ID: DF8A44964B3424CC3B77

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Des Moines Theatrical ShopNature of Debt (Purpose):
Costume Rental

Mailing Address 145 5th Street

City State ZIP Code
West Des Moines IA 50265

Outstanding Balance Beginning This Period

106.00

Transaction ID: D7952AAF64B9C4F0997B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

106.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPSNature of Debt (Purpose):
Shippng

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadephia PA 19170

Outstanding Balance Beginning This Period

126.91

Transaction ID: D46BD2137637F4679A43

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

126.91

1) **SUBTOTALS** This Period This Page (optional).....

362.91

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Simard PrintingNature of Debt (Purpose):
Printing Services

Mailing Address 300 Salem Street

City State ZIP Code
Woburn MA 01801-2055

Outstanding Balance Beginning This Period

433.13

Transaction ID: DAEB900B19D5343069F1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

433.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cox CommunicationsNature of Debt (Purpose):
Internet Services

Mailing Address PO Box 6059

City State ZIP Code
Cypress CA 90630

Outstanding Balance Beginning This Period

138.02

Transaction ID: DEAECEB41D358C496EAE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

138.02

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

416.01

Transaction ID: D91E4CB1724CB455C94A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

416.01

1) **SUBTOTALS** This Period This Page (optional).....

987.16

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

1115.75

Transaction ID: DEC21CC9229D5404F97B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

659.58

Transaction ID: DFC448EB6B1054323A65

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

659.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

72.04

Transaction ID: D275E706E6F7F4C6C938

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

72.04

1) SUBTOTALS This Period This Page (optional).....

1847.37

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican Energy

Nature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

123.36

Transaction ID: DF30D747F375F47E5882

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican Energy

Nature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

196.90

Transaction ID: DAB442CA849544E83A13

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

196.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican Energy

Nature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

1406.57

Transaction ID: DB92957A464EF4AC685D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1406.57

1) **SUBTOTALS** This Period This Page (optional).....

1726.83

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

65.24

Transaction ID: D7B3E6DAFE5CE4AFB9B8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verham NewsNature of Debt (Purpose):
Rent

Mailing Address P.O. Box 706

City State ZIP Code
White Riv Jct VT 05001-0706

Outstanding Balance Beginning This Period

910.28

Transaction ID: DE2E3D979014F4B2194A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

910.28

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Bi-State Cartridge Service, Inc.Nature of Debt (Purpose):
Office Supplies

Mailing Address 1325 15th Street

City State ZIP Code
Moline IL 61265

Outstanding Balance Beginning This Period

130.54

Transaction ID: D163D453900874450889

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.54

1) SUBTOTALS This Period This Page (optional).....

1106.06

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
U.S. Express Inc.Nature of Debt (Purpose):
Courier Services

Mailing Address 3240 Hubbard Road

City State ZIP Code
Landover MD 20785

Outstanding Balance Beginning This Period

160.24

Transaction ID: D80871DA60A7642ADAA1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

160.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Old Town Family RestaurantNature of Debt (Purpose):
Food & Beverage

Mailing Address 2107 Camanche Avenue

City State ZIP Code
Clinton IA 52732-6036

Outstanding Balance Beginning This Period

130.00

Transaction ID: D8B59DA12044449C0AE9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
COVADNature of Debt (Purpose):
Internet ServicesMailing Address Dept. 33408
PO BOX 39000City State ZIP Code
San Francisco CA 94139

Outstanding Balance Beginning This Period

1535.76

Transaction ID: D5E78BD6138D849C8A7B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1535.76

1) **SUBTOTALS** This Period This Page (optional).....

1826.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
COVAD

Nature of Debt (Purpose):
Internet Services

Mailing Address Dept. 33408
PO BOX 39000

City State ZIP Code
San Francisco CA 94139

Outstanding Balance Beginning This Period

1056.76

Transaction ID: D7FB209F7C488450BA73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Home Front Communications

Nature of Debt (Purpose):
Video

Mailing Address 1121 14th Street NW

City State ZIP Code
Washington DC 20005-5641

Outstanding Balance Beginning This Period

6000.00

Transaction ID: D9C275736AC4E46B69DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jocelyn Augustino Photogrpaher

Nature of Debt (Purpose):
Photographer

Mailing Address 3416 Gunston Road

City State ZIP Code
Alexandria VA 22302-2134

Outstanding Balance Beginning This Period

69.00

Transaction ID: D0781506CE4AC48A0805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

69.00

1) **SUBTOTALS** This Period This Page (optional).....

7125.76

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Des Moines Water WorksNature of Debt (Purpose):
Utilities

Mailing Address 2201 George Flagg Parkway

City State ZIP Code
Des Moines IA 50321-1190

Outstanding Balance Beginning This Period

117.91

Transaction ID: D1475748209CF4A0092F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

117.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address PO Box 660720

City State ZIP Code
Dallas TX 75266

Outstanding Balance Beginning This Period

22.28

Transaction ID: DF9E84213BC0C4FA4959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22.28

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jim VanDusseldorpNature of Debt (Purpose):
Bus Servicing

Mailing Address 2406 15th Ave. N.

City State ZIP Code
Clear Lake IA 50428-2037

Outstanding Balance Beginning This Period

92.50

Transaction ID: DECE5259C4BB240ADBB7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.50

1) **SUBTOTALS** This Period This Page (optional).....

232.69

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
VFW Post 775Nature of Debt (Purpose):
Space Rental

Mailing Address 702 West Main Street

City State ZIP Code
Ottumwa IA 52501-2226

Outstanding Balance Beginning This Period

150.00

Transaction ID: D9F4487EF4F6F4DB6923

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&TNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code
Aurora IL 60572

Outstanding Balance Beginning This Period

304.30

Transaction ID: DD45DB76A7149485EADE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

304.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&TNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code
Aurora IL 60572

Outstanding Balance Beginning This Period

1861.62

Transaction ID: DFE38B3A3574543178FC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1861.62

1) **SUBTOTALS** This Period This Page (optional).....

2315.92

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Kilkenney'sNature of Debt (Purpose):
Food & Beverage

Mailing Address 300 West 3rd Street

City State ZIP Code
Davenport IA 52801-1208

Outstanding Balance Beginning This Period

220.00

Transaction ID: DE9F171102B294984BCD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

220.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Koch BrothersNature of Debt (Purpose):
CopierMailing Address 325 Grand Avenue
P.O. Box 1755City State ZIP Code
Des Moines IA 50306

Outstanding Balance Beginning This Period

126.82

Transaction ID: DFAE4308D10124EEDAE3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

126.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Koch BrothersNature of Debt (Purpose):
CopierMailing Address 325 Grand Avenue
P.O. Box 1755City State ZIP Code
Des Moines IA 50306

Outstanding Balance Beginning This Period

211.99

Transaction ID: D3C51D93654FD40B59BB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

211.99

1) SUBTOTALS This Period This Page (optional).....

558.81

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
ComcastNature of Debt (Purpose):
Cable & Internet

Mailing Address PO Box 1577

City State ZIP Code
Newark NJ 07101

Outstanding Balance Beginning This Period

351.30

Transaction ID: D3A3A16E658A34B44B21

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

351.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KeyspanNature of Debt (Purpose):
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code
Waltham MA 02451

Outstanding Balance Beginning This Period

239.04

Transaction ID: DD0258CA80C884AB6960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

239.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KeyspanNature of Debt (Purpose):
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code
Waltham MA 02451

Outstanding Balance Beginning This Period

1481.16

Transaction ID: DDFA00C779CF445C8AA6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1481.16

1) SUBTOTALS This Period This Page (optional).....

2071.50

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MoreSound Company

Nature of Debt (Purpose):
Sound Equipment

Mailing Address 102 North Street

City State ZIP Code
Jaffrey NH 03452-5301

Outstanding Balance Beginning This Period

400.00

Transaction ID: D4310E2A2AC3D49AFB1C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Comcast

Nature of Debt (Purpose):
Cable Service

Mailing Address P.O. Box 3005

City State ZIP Code
Southeastern PA 19398-3005

Outstanding Balance Beginning This Period

197.56

Transaction ID: D1327435AF7974016BBD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

197.56

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ExxonMobil

Nature of Debt (Purpose):
Gasoline

Mailing Address P.O. Box 688938

City State ZIP Code
Des Moines IA 50368-8938

Outstanding Balance Beginning This Period

241.86

Transaction ID: D303F42DD72104352BB3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

241.86

1) **SUBTOTALS** This Period This Page (optional).....

839.42

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
ExxonMobilNature of Debt (Purpose):
Gasoline

Mailing Address P.O. Box 688938

City State ZIP Code
Des Moines IA 50368-8938

Outstanding Balance Beginning This Period

429.36

Transaction ID: D2591D51138CC454BA3F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

429.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Geoff LuxenbergNature of Debt (Purpose):
Reimbursement for gas &
signatures

Mailing Address 249A New State Road

City State ZIP Code
Manchester CT 06042-7959

Outstanding Balance Beginning This Period

107.00

Transaction ID: D8E19BDBD0BE84CDFB6C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

107.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NexGenNature of Debt (Purpose):
Utilities

Mailing Address 10500 Hickman Road Ste J

City State ZIP Code
Clive IA 50325-3706

Outstanding Balance Beginning This Period

224.86

Transaction ID: D2FBA9339003447ADB22

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

224.86

1) SUBTOTALS This Period This Page (optional).....

761.22

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WHO Newsradio 1040

Nature of Debt (Purpose):
Recording Services

Mailing Address 2141 Grand Avenue

City State ZIP Code
Des Moines IA 50312

Outstanding Balance Beginning This Period

400.00

Transaction ID: D5CA66406DA5143F7848

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant Energy

Nature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

540.80

Transaction ID: D4DB84BA83BD34248B12

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

540.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant Energy

Nature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

852.59

Transaction ID: D21C371285AF1401F9CB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

852.59

1) **SUBTOTALS** This Period This Page (optional).....

1793.39

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

254.12

Transaction ID: D637921B16CAA45B19B6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

254.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

50.75

Transaction ID: DF36117C0589D4D9C911

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

401.72

Transaction ID: D5B3618F71E3745EC9DD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

401.72

1) **SUBTOTALS** This Period This Page (optional).....

706.59

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

239.60

Transaction ID: DE6029EBE091B415FB6D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

239.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

263.55

Transaction ID: DBA39930B48064589AB5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

263.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Free Media, Inc.Nature of Debt (Purpose):
Reimbursement for Travel
ExpensesMailing Address 777 West End Avenue
#5CCity State ZIP Code
New York NY 10025

Outstanding Balance Beginning This Period

635.01

Transaction ID: DF03B1B1603F54C5183C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

635.01

1) **SUBTOTALS** This Period This Page (optional).....

1138.16

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Free Media, Inc.Nature of Debt (Purpose):
Reimbursement for Phone
ExpensesMailing Address 777 West End Avenue
#5CCity State ZIP Code
New York NY 10025

Outstanding Balance Beginning This Period

150.09

Transaction ID: D142C4EE26CC3459DA22

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The TelegraphNature of Debt (Purpose):
Subscription

Mailing Address PO Box 1008

City State ZIP Code
Nashua NH 03061

Outstanding Balance Beginning This Period

20.81

Transaction ID: D1D76CBB4EBC7498F81D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.81

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Interstate Power and Light Co.Nature of Debt (Purpose):
Utilities

Mailing Address PO Box 5007

City State ZIP Code
Dubuque IA 52004-5007

Outstanding Balance Beginning This Period

250.36

Transaction ID: DF8C3EA191F814F5C94C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.36

1) **SUBTOTALS** This Period This Page (optional).....

421.26

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cedar Rapids Municipal UtilitiesNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3255

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

165.81

Transaction ID: D9457B91CEE0540E8A08

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

165.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Newman and Leventhal Caterers, Inc.Nature of Debt (Purpose):
Caterer

Mailing Address 45 West 81st Street

City State ZIP Code
New York NY 10024-6025

Outstanding Balance Beginning This Period

2136.07

Transaction ID: D2FDEA7A6FB3F461FA7F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2136.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
EmbarqNature of Debt (Purpose):
Telephone

Mailing Address PO Box 660068

City State ZIP Code
Dallas TX 75266

Outstanding Balance Beginning This Period

1064.16

Transaction ID: DBF0B293CD60A40ED8E0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1064.16

1) SUBTOTALS This Period This Page (optional).....

3366.04

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Embarq

Nature of Debt (Purpose):
Telephone

Mailing Address PO Box 660068

City State ZIP Code
Dallas TX 75266

Outstanding Balance Beginning This Period

378.82

Transaction ID: DF4A4422265684FB29B9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

378.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

153.03

Transaction ID: D40B8D89E3ABE4545B3C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

364.55

Transaction ID: DC3EE07A89ADF414596B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

364.55

1) **SUBTOTALS** This Period This Page (optional).....

896.40

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

625.92

Transaction ID: D7AA61021F4A546ABB58

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

625.92

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

285.25

Transaction ID: D59D402EB48494DF2B2C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

285.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

281.01

Transaction ID: DB59E8AD1B4CC46098EF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

281.01

1) **SUBTOTALS** This Period This Page (optional).....

1192.18

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

561.93

Transaction ID: DA1C685B9BFAF4CD7A76

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

561.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

660.55

Transaction ID: D0F58D7FEFA5B4E43939

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

660.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Washington Promotions & Printing

Nature of Debt (Purpose):
Printing
Mailing Address 5125 MacArthur Blvd. NW
Suite 14
City State ZIP Code
Washington DC 20016

Outstanding Balance Beginning This Period

5547.90

Transaction ID: DE815690D20EF4A6EB02

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5547.90

1) **SUBTOTALS** This Period This Page (optional).....

6770.38

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Big Ten Rentals, Inc.Nature of Debt (Purpose):
Bases

Mailing Address 1820 Boyrum St

City State ZIP Code
Iowa City IA 52240-4555

Outstanding Balance Beginning This Period

34.82

Transaction ID: D9CE80039AE0F470B870

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

34.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Frontline ProductionsNature of Debt (Purpose):
Lighting & Video

Mailing Address 125 Hemlock Drive

City State ZIP Code
Deep River CT 06417

Outstanding Balance Beginning This Period

885.00

Transaction ID: DF269F8B8076845BAB94

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

885.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mason City Public UtilitiesNature of Debt (Purpose):
Utilities

Mailing Address 10 First Street Northwest

City State ZIP Code
Mason City IA 50401-3224

Outstanding Balance Beginning This Period

123.36

Transaction ID: DDE7D15C566704EE4997

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.36

1) SUBTOTALS This Period This Page (optional).....

1043.18

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Waste ManagementNature of Debt (Purpose):
Utilities

Mailing Address PO Box 756

City State ZIP Code
Des Moines IA 50303

Outstanding Balance Beginning This Period

266.02

Transaction ID: D13EE948ED74B4BE0B66

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

266.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Storefront Political MediaNature of Debt (Purpose):
Photographer

Mailing Address 250 Sutter Street, Suite 650

City State ZIP Code
San Francisco CA 94108

Outstanding Balance Beginning This Period

537.08

Transaction ID: DDB39DC1EDB03445B8B5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

537.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MediacomNature of Debt (Purpose):
Cable

Mailing Address P.O. Box 5744

City State ZIP Code
Carol Stream IL 60197-5744

Outstanding Balance Beginning This Period

19.14

Transaction ID: DBAEE80A9C8F14CBF964

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.14

1) **SUBTOTALS** This Period This Page (optional).....

822.24

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
MediacomNature of Debt (Purpose):
Cable

Mailing Address P.O. Box 5744

City State ZIP Code
Carol Stream IL 60197-5744

Outstanding Balance Beginning This Period

92.37

Transaction ID: D34D4235A01F441BAA58

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Heartland Flagpoles and FlagsNature of Debt (Purpose):
Flags

Mailing Address 3719 SW 9th Street

City State ZIP Code
Des Moines IA 50315

Outstanding Balance Beginning This Period

436.60

Transaction ID: D42D026888D4F47D198F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

436.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPSNature of Debt (Purpose):
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

434.09

Transaction ID: D93A99FFBC04A4242996

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

434.09

1) SUBTOTALS This Period This Page (optional).....

963.06

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPSNature of Debt (Purpose):
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

60.76

Transaction ID: D6EB2D896D8C64BA8AA9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPSNature of Debt (Purpose):
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

427.18

Transaction ID: DC7364FE5C9E54CCCA73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

427.18

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UnitilNature of Debt (Purpose):
Utilities

Mailing Address PO BOX 2013

City State ZIP Code
Concord NH 03302

Outstanding Balance Beginning This Period

115.06

Transaction ID: D14B3EB6706674783815

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

115.06

1) SUBTOTALS This Period This Page (optional).....

603.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Northern Business MachinesNature of Debt (Purpose):
Rental

Mailing Address 24 Terry Avenue

City State ZIP Code
Burlington MA 01803

Outstanding Balance Beginning This Period

698.00

Transaction ID: DF72BE3ADBBB14CB9BC7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

698.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Grand ColonyNature of Debt (Purpose):
Lodging

Mailing Address 2824 Grand Avenue, #218

City State ZIP Code
Des Moines IA 50312

Outstanding Balance Beginning This Period

153.50

Transaction ID: D232577C9B94046BB9A9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&TNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code
Aurora IL 60572

Outstanding Balance Beginning This Period

111.80

Transaction ID: D51DCEF2884624EE6A6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

111.80

1) **SUBTOTALS** This Period This Page (optional).....

963.30

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
PMINature of Debt (Purpose):
ParkingMailing Address Parking Management, Inc.
1725 DeSales Street NWCity State ZIP Code
Washington DC 20036-4406

Outstanding Balance Beginning This Period

465.00

Transaction ID: D8747457AA9894F1CB0C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

465.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPSNature of Debt (Purpose):
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

59.43

Transaction ID: DBA9563936FE04325AD0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Northland Trumbull, LLCNature of Debt (Purpose):
RentMailing Address C/o Northland Investment Corporati
P.O. Box 845604City State ZIP Code
Boston MA 02284

Outstanding Balance Beginning This Period

3850.00

Transaction ID: D27B30042D3C24348857

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

1) **SUBTOTALS** This Period This Page (optional).....

4374.43

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
IAFF FIREPAC

Nature of Debt (Purpose):
Rental & Bus Wrap

Mailing Address Attn: David B. Billy
1750 New York Ave, NW

City State ZIP Code
Washington DC 20006-5305

Outstanding Balance Beginning This Period

32233.24

Transaction ID: DE8437A16695047AC84E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32233.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Kirkwood

Nature of Debt (Purpose):
Rent

Mailing Address 400 Walnut Street

City State ZIP Code
Des Moines IA 50309

Outstanding Balance Beginning This Period

757.17

Transaction ID: DF06ED48AFB25453C90A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

757.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPS

Nature of Debt (Purpose):
Courier Service

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

86.50

Transaction ID: D42C8F3A7325E4A5A80E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

86.50

1) **SUBTOTALS** This Period This Page (optional).....

33076.91

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Peter Nichols

Nature of Debt (Purpose):
Consulting

Mailing Address 222 Stony Brook Road

City State ZIP Code
Hopewell NJ 08525-3003

Outstanding Balance Beginning This Period

15000.00

Transaction ID: D4C77B28E5B624D96B79

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cedar Rapids Municipal Utilities

Nature of Debt (Purpose):
Utilities

Mailing Address PO Box 3255

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

57.90

Transaction ID: D0E366AACBEEB484CB02

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

57.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins Coie

Nature of Debt (Purpose):
Legal Services

Mailing Address Centralized Accounting Dept.
1201 Third Ave., 40th Floor

City State ZIP Code
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

10000.00

Transaction ID: D76E8E67033CC4385B66

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

1) **SUBTOTALS** This Period This Page (optional).....

25057.90

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Northland Trumbull, LLCNature of Debt (Purpose):
RentMailing Address C/o Northland Investment Corporati
P.O. Box 845604City State ZIP Code
Boston MA 02284

Outstanding Balance Beginning This Period

3850.00

Transaction ID: D62DA2D977A734EC594A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&TNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code
Aurora IL 60572

Outstanding Balance Beginning This Period

312.07

Transaction ID: DD365AF099EC8458EBE5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

312.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Northland Trumbull, LLCNature of Debt (Purpose):
RentMailing Address C/o Northland Investment Corporati
P.O. Box 845604City State ZIP Code
Boston MA 02284

Outstanding Balance Beginning This Period

3850.00

Transaction ID: DA4696BC628A349F7971

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

1) **SUBTOTALS** This Period This Page (optional).....

8012.07

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Voxel.net incNature of Debt (Purpose):
Web Hosting

Mailing Address 29 Broadway, 30th Floor

City	State	ZIP Code
New York	NY	10006-3216

Outstanding Balance Beginning This Period

2459.50

Transaction ID: DC06AE5CA3EED49569AE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2459.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Cleaver CompanyNature of Debt (Purpose):
Food & Beverage

Mailing Address 75 Ninth Avenue

City	State	ZIP Code
New York	NY	10011

Outstanding Balance Beginning This Period

-378.20

Transaction ID: D30F04EAEC434423A83D

Amount Incurred This Period

378.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Wired for Change, Inc.Nature of Debt (Purpose):
Internet ServicesMailing Address 1700 Connecticut Ave., NW
Suite 403

City	State	ZIP Code
Washington	DC	20009

Outstanding Balance Beginning This Period

0.00

Transaction ID: DA09D2641F3154B62833

Amount Incurred This Period

4000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

1) SUBTOTALS This Period This Page (optional).....

6459.50

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	11
<input checked="" type="checkbox"/>	12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Voxel.net inc

Nature of Debt (Purpose):
Web Hosting

Mailing Address 29 Broadway, 30th Floor

City	State	ZIP Code
New York	NY	10006-3216

Outstanding Balance Beginning This Period

0.00

Transaction ID: DF06FD864428E4C118ED

Amount Incurred This Period

4919.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4919.00

1) SUBTOTALS This Period This Page (optional).....

4919.00

2) TOTALS This Period (last page this line number only).....

139067.25

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

139067.25